

# APPLICATION TO PURCHASE CALIFORNIA'S CONFIDENTIAL VITAL STATISTICS DEATH FILES *FOR GOVERNMENT AGENCIES ONLY*

## ORDERING INFORMATION

**Confidential Death Files are those that include Mother's Maiden Name and Social Security Number**

Personal Identifiers are those fields that could identify an individual, such as Names, State File Numbers, and/or Social Security Numbers (SSN). Files containing these fields, including Mother's Maiden Name (MMN) and SSN, may be obtained for law enforcement or fraud prevention purposes as specified by law. Files for other purposes that include MMN and SSN may require approved by the Committee for the Protection of Human Subjects (CPHS) and/or the Vital Statistics Advisory Committee (VSAC).

To purchase copies of the confidential Vital Statistics death data files on CD-ROM for purposes of fraud prevention, law enforcement, research, or other purposes, please follow these instructions:

- Complete the attached order form.
- Attach, on your organization's letterhead, a description of the project for which the files will be used, signed by the program director.
- Please include in this statement the security measures that will be taken to protect the confidential data.
- For formal research projects, include the complete research protocol, signed by the principal investigator.
- Please note that approval from the Committee for the Protection of Human Subjects (CPHS) may be required if contact with next-of-kin or release of identifiable data is planned.
- The director or principal investigator of the program or project must sign the agreement on the second page of the application.
- Enclose your **check or money order** payable to the California Department of Public Health.
- Payment and mailing instructions are on the next page.

**To apply for files on Mainframe tape or for further information, please contact the Office of Health Information and Research at (916) 552-8095.**

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CONFIDENTIAL VITAL STATISTICS DEATH FILES  
*FOR GOVERNMENT AGENCIES ONLY*  
PAYMENT AND MAILING INSTRUCTIONS**

Please enclose your **check or money order** made payable to:  
California Department of Public Health.

**We cannot accept credit cards or send files via a purchase order.**

**Payment must be received before files are released.**

**Federal Taxpayer ID Number: 94-6001347**

If an invoice is needed in order to process a check, please contact  
the Office of Health Information and Research.

- **Please do not mail checks or money orders without a copy of the application or an invoice. Checks sent without proper backup may result in a significant delay in processing the request.**

Please mail the completed application materials and payment to:

California Department of Public Health  
Office of Health Information and Research  
**Attn: Laurie Smith-Giles, Research Analyst II**  
MS 5103, P.O. Box 997410  
Sacramento, CA 95899-7410

Phone: (916) 552-8095      Fax: (916) 650-6889

E-Mail: [Lsmithgi@dhs.ca.gov](mailto:Lsmithgi@dhs.ca.gov)

**Fed-Ex Deliveries:** Fed-Ex deliveries are not accepted using the P.O. Box above. If you would like to Fed-Ex your completed application and payment, please call or e-mail for the physical location. If you would like the CDs delivered via Fed-Ex, you must supply your Fed-Ex account number or a credit card billing number.

To order files on mainframe tape or for further information, please contact the Office of Health Information and Research above.

# ORDER FORM FOR GOVERNMENT AGENCIES CALIFORNIA'S CONFIDENTIAL VITAL STATISTICS DEATH FILES

Name:		Date:	
Title:	Organization:		
Street Address:		City:	
State:	Zip Code:	Phone:	Fax:
E-Mail Address:			

Vital Statistics Data Files:	Year(s) Requested:	Cost:	Total:
<b>Death Statistical Master File</b> <input type="checkbox"/> With California Identifiers Only <input type="checkbox"/> With California & Out-of-State Identifiers*	<b>SINGLE-YEAR FILES:</b> 1999-2005 <b>Year(s) Requested:</b> _____ <b>MULTI-YEAR FILES:</b> <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98	\$150 for each single-year file \$300 for each multi-year file	\$
<b>Merged Death File</b> <input type="checkbox"/> With California Identifiers Only <input type="checkbox"/> With California & Out-of-State Identifiers*	<input type="checkbox"/> 1990-94 <input type="checkbox"/> 1995-99 <input type="checkbox"/> 2000-04 <input type="checkbox"/> 1975-79 <input type="checkbox"/> 1980-84 <input type="checkbox"/> 1985-89 <input type="checkbox"/> 1960-64 <input type="checkbox"/> 1965-69 <input type="checkbox"/> 1970-74	\$200 for each five-year file	\$
<b>Fetal Death Statistical Master File</b> <input type="checkbox"/> With California Identifiers Only Fetal Death File Not Available With Out-of-State Identifiers	<b>SINGLE-YEAR FILES:</b> 1999-2006 <b>Year(s) Requested:</b> _____ <b>MULTI-YEAR FILES:</b> <input type="checkbox"/> 1970-79 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98	\$ 50 for each single-year file \$200 for each multi-year file	\$
<b>Total Enclosed (No Tax, Shipping, or Handling Fees)</b>			<b>\$</b>

When identifiers are requested for California residents who died out-of-state, approval is required by the State Registrar, in compliance with the Inter-Jurisdictional Exchange Agreement. If identifiable data will be released or published in any form, project approval from the Committee for the Protection of Human Subjects (CPHS) must be obtained and approval to access out-of-state events must be obtained from the registration areas in which the events occurred.

## Intended Use of Data File(s)

Please attach a description of intended use(s) of file(s) on organizational letterhead, signed by the director of the project. Please include the security measures that will be taken to protect the confidentiality of the data. For a formal research project, attach a complete research protocol.

### PLEASE ANSWER THE FOLLOWING QUESTIONS PERTAINING TO USE OF IDENTIFIABLE DATA:

Will the data be used to contact subjects:      ☐ YES      ☐ NO

Will identifiable data be released:      ☐ YES      ☐ NO

**PLEASE NOTE: IF ANSWERING YES TO EITHER QUESTION PLEASE ADDRESS THESE SPECIFIC ISSUES IN THE ATTACHED PROTOCOL.**

**User Names: Please indicate names of all persons who will have access to requested files.**

_____	_____
_____	_____
_____	_____
_____	_____

**Vital Statistics Access Agreement (Signature Required)**

I, the undersigned, on behalf of the agency represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers from the files. I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics. I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes. I understand that the release of confidential data with personal identifiers or the linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (Health and Safety Code, Sec. 102475). I understand that violation of this agreement or violation of Health and Safety Code Section 102231 is a misdemeanor punishable by one year in jail and/or a fine of \$1,000 (Health and Safety Code, Sec. 102232).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Public Health, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Public Health, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Public Health, Center for Health Statistics.

User's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency: \_\_\_\_\_

**Center for Health Statistics (CHS) Use Only**

CHS  
Authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
Application Complete: \_\_\_\_\_  
State Registrar, Chief  
Center for Health Statistics, California Department of Public Health